Chapter 3
Section 9.1

# URINARY SYSTEM

Issue Date: August 26, 1985

Authority: 32 CFR 199.4(c)(2), and (c)(3)

### I. PROCEDURE CODE RANGE

50010 - 53899

### II. DESCRIPTION

The urinary system involves those organs concerned in the production and excretion of urine.

#### III. POLICY

Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the urinary system are covered, subject to all applicable provisions of 32 CFR 199 and the provisions of the "Policy Considerations" section below.

# IV. POLICY CONSIDERATIONS

## A. Ureteral Endoscopy.

- 1. Ureteral endoscopy (50951-50980) is covered when performed through an established ureterostomy.
- $2.\,$  If ure teral endoscopy is performed in conjunction with a cystourethroscopy (52000-52340), reimburs ement will be 100% of the allowance for the procedure with the greater value.

### B. Cystoscopy.

- 1. When a cystoscopy is necessarily a part of another procedure, no additional payment will be allowed for the cystoscopy.
  - 2. A cystoscopy is necessarily a part of the following procedures:
    - a. Transurethral resection of the vesical neck, in a female or child (52500).
    - b. Excision of a bladder diverticulum (52305).

- C. Excision of a bladder tumor (52234-52240).
- d. Transurethral surgery (52204-52700).
- 3. If a cystoscopy with ureteral catheterization (52005) is performed with any of the above procedures, 50% of the value of the ureteral catheterization is payable in addition to the allowance for the major procedure.
  - C. Cystourethroscopy/Meatotomy.

The allowance for cystourethroscopy (52000-52010) includes a meatotomy (53020-53025).

D. Urethral Dilation/Cystourethroscopy.

When urethral dilation (53600-53665) is performed in conjunction with a cystourethroscopy (52000-52010), reimbursement is included in the basic allowance of the cystoscopy.

E. Urethral Dilation/Cystoscopy.

Urethral dilation (53600-53665), when performed in conjunction with a cystoscopy (52000-52010) for urethral stenosis or structure, is a covered service and reimbursement will be on the basis of a cystourethroscopy with calibration and/or dilation of urethral structure of stenosis (52281).

F. Renal Function Tests.

Differential, qualitative and chemical renal function tests (Howard or Stamey) are covered procedures. Reimbursement includes a cystoscopy with ureteral catheterization (52005-52010).

G. Treatment of Female Urethral Syndrome. Treatment of the female urethral syndrome (52285) is a covered procedure. It includes cystourethroscopy, urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone. No separate payment can be allowed for any of the above procedures when billed in addition to 52285.

# H. Cystourethroscopy.

Cystourethroscopy with removal of a ureteral calculus (52325) or manipulation without removal of a ureteral calculus (52330) is a covered service.

1. Transurethral Resection of the Prostate.

A transurethral resection of the prostate (52601) includes reimbursement for:

1. Vasectomy (55250).

- 2. Meatotomy (53020-53025).
- 3. Cystourethroscopy (52000-52010).
- 4. Internal urethrotomy (52270-52276).
- J. Implantable Urethral Sphincter.
- 1. Mechanical/hydraulic incontinence control devices are accepted as safe and effective in the management of urinary incontinence in patients with permanent anatomic and neurologic dysfunctions of the bladder and may be considered for cost-sharing when determined to be medically necessary and appropriate treatment.
- 2. Both the F. Bradley Scott and Kaufman prothestic devices are acceptable for surgical implantation in the management of urinary incontinence. Benefits may also be considered for the implantation of similar FDA approved devices when determined by medical review to be medically appropriate.
- 3. Repair and replacement of covered devices and associated surgical costs may be cost-shared.
- 4. The following devices used for the management of urinary incontinence are not covered:
  - a. Peri-urethral Teflon injection.
  - b. Silastic gel implant.
  - c. Acrylic prosthesis (Berry prosthesis).
  - K. Instillation of Anticarcinogenic Agent.

Bladder instillation of an anticarcinogenic agent (51720) is a covered procedure. The cost of the drug may be reimbursed separately.

L. Cystometrogram/Urethral Dilation.

When a cystometrogram (51725-51726) is performed in conjunction with a urethral dilation (53600-53621, 53665), reimbursement is 100% of the allowance for the procedure with the highest value and 50% of the allowance for the procedure with the lower value.

M. Cystoscopy/Cystometrogram/Panendoscopy.

When a cystoscopy, cystometrogram, and panendoscopy are performed at one operative session, reimbursement will be 100% of the allowance for the cystoscopy and 50% of the allowance for the cystometrogram. No allowance will be made for the panendoscopy.

N. Uroflowmetric Evaluations.

The following uroflowmetric evaluations (urodynamic flow studies) are covered

when necessary for the diagnosis of neuro-muscular dysfunction of the lower urinary tract, neurologic disease, neurologic dysfunction of the bladder or urologic disease. The services must be performed by or under the direct supervision of a physician.

- 1. Cystometrogram studies.
- 2. Uroflowmetric studies.
  - a. External measurements.
  - b. Internal stream measurements.
- 3. Urethral pressure profile studies urethral closure pressure profile.
- 4. Electromyographic studies.
- 5. Voiding pressure studies bladder voiding pressure.

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